# FAMILY GUEST SPEAKER FORM

### For Instructor

### Information about the Family Co-presenter

*Name of f	amily presenter: or information to proce	ess the stipend, Please attach the family stipend form completed by family co-presen	ter
Instructor	/Course Informatio	on (to be completed by instructor)	
Co-present	ting date:	Instructor:	
Instructor S	Signature	Instructor E-mail:	
College/Ur	niversity		
Name & N	umber of Course:		
years	Three to five	eing prepared to work with children: (check all that apply) BiyearsFive to eight (K-3 grades)	
family-cen	ntered practices lis	entence statement about the role/purpose of family co-presenter, related below. (e.g., Participate on parent panel about the grieving process and what constitutes a "helpful" relationship (checking Family Centered F	related to
Statement	:		
Check fan Check if addressed	nily-centered princ	ciples* that were highlighted during the co-presentation.	
	1	The overriding purpose of giving family-centered help is family "empowerment," which in turn benefits the well-being and developmen of the child.	nt
	2	Mutual trust, respect, honesty, and open communication characterize family-provider relationship.	the
	3	Families are active participants in all aspects of service. They are the ultimate decision-makers in the amount, type of assistance and the	
	4	support they seek to use.  The ongoing "work" between families and providers is about identifying family concerns (hopes, needs, goals or wishes), finding family strengths, and the services and supports that will provide necessary resources to meet those needs.	3
	5	Efforts are made to build upon and use families' informal community support systems before relying solely on professional, formal, services	š.
	6	Providers across all disciplines collaborate with families to provide resources that best match what the family needs.	
	7	Support and resources need to be flexible, individualized and responsito the changing needs of families.	
	8	Providers are cognizant and respectful of families' culture, beliefs, and	

attitudes as they plan and carry out interventions

<sup>\*</sup>Family Centered Services: Guiding Principles and Practices for Delivery of Family Centered Services, March, 2004, Early ACCESS.

## Parents as Presenters Family Guest Speaker Claim Form

I was a guest speaker/panel membe	er for	
	Class or Group name	
inCity		
	f Iowa or a Regent Program? YesNon above, according to State Board of Regents Rules, the stipend must be paid to ye	
If yes, in which agency do you work	?	
Please pay my stipend of \$35.00 for	this session.	
Name:		
Address:		
	Street	
City	State Zip Cod	e
Email		
Phone		
Social Security Number*:		

\*Your Social Security and an original signature are necessary to process a claim.

#### Please mail this claim within 30 days of presentation date to:

Deb Samson
Iowa Department of Education
Bureau of Student and Family Support Services
400 E 14th St
Des Moines, IA 50319-0146

Agreement #\_\_\_\_\_\_
For office use only

**NOTE:** As of October 1, 2009, each speaker is limited to six (6) claims/year (October 1 – September 30)